



State of Utah
DEPARTMENT OF COMMERCE
Division of Corporations & Commercial Code
Uniform Limited Cooperative Association Registration Information Change Form

Non-Refundable Processing Fee: \$12.00

Entity File Number: _____

Entity Name: _____

For each Yes button that you mark the question will appear below for you to fill out.

1). Do you want to Change the Business Purpose? Yes No

1). If Yes, what is the new Business Purpose? _____

2). Do you want to Change the Registered Agent or the Address of the Registered Agent? Yes No

2). If Yes, who is the new Registered Agent, or the new Address of the Registered Agent?

Is the registered agent a commercial registered agent? YES NO

If Yes, is the commercial registered agent an: Individual Entity

If an individual, what is the name of the individual (First, Middle, Last): _____

What is the Commercial Registered Agent Registration Number? (required): _____

Registered Agent Name: _____

I hereby accept appointment as Registered Agent for the above named business entity.

Signature of Registered Agent (Required): _____

Address of the Registered Agent: _____

Utah Street Address Required, PO Boxes can be listed after the Street Address

City: _____ State UT Zip: _____

3). Do you want to Change the Principal Address of the Business Entity? Yes No

3). If Yes, what is the new Principal Address?

Address: _____ City _____ State _____ Zip _____

4). Do you want to Add individuals to the Business Entity? Yes No

4). If Yes, who do you want to Add to the Business Entity and what Position will they hold?

Name: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Name: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

5). Do you want to Remove individuals from the Business Entity? Yes No

5). If Yes, who do you want to Remove from the Business Entity and what Position do they hold?

Name: _____ Position: _____

Name: _____ Position: _____

6). Do you want to Change the Address of the Business Entity's Principal(s)? Yes No

6). If Yes, who is the Principal(s) whose Address you wish to Change?

Name: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Name: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Name/Title: _____ Signature: _____ Date: _____